

**United States Bankruptcy Court
Northern District of Oklahoma**

IN RE:

Case No. _____

Adamo, Aaron Lee & Adamo, Kimberly BrookeChapter **7**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **1,350.00**

Prior to the filing of this statement I have received \$ **860.00**

Balance Due \$ **490.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 11, 2015

Date

/s/ Bryan Irons

Bryan Irons 20138
Irons Law Firm
3315 East 39th Street
Tulsa, OK 74135-4631
(918) 392-0079 Fax: (918) 794-0069
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UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)
OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

**United States Bankruptcy Court
Northern District of Oklahoma**

IN RE:

Case No. _____

Adamo, Aaron Lee & Adamo, Kimberly BrookeChapter **7**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Adamo, Aaron Lee & Adamo, Kimberly Brooke

Printed Name(s) of Debtor(s)

X /s/ Aaron Lee Adamo

Signature of Debtor

9/11/2015

Date

Case No. (if known) _____

X /s/ Kimberly Brooke Adamo

Signature of Joint Debtor (if any)

9/11/2015

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify your case:

Debtor 1 **Aaron Lee Adamo**
First Name Middle Name Last Name

Debtor 2 **Kimberly Brooke Adamo**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Northern District of Oklahoma**

Case number _____
(if known)

Check one box only as directed in this form and in Form 22A-1Supp:

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>7,608.65</u>	\$ <u>816.56</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	— \$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u> Copy here →	\$ <u>0.00</u>
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	— \$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u> Copy here →	\$ <u>0.00</u>
7. Interest, dividends, and royalties	\$ <u>0.00</u>	\$ <u>0.00</u>

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you \$ 0.00

For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00

\$ 0.00

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. \$

\$

\$

10b. \$

\$

\$

10c. Total amounts from separate pages, if any.

+\$ 0.00

+\$ 0.00

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 7,608.65

+

\$ 816.56

=

\$ 8,425.21

Total current monthly
income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here → 12a.

\$ 8,425.21

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 101,102.52

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Oklahoma

Fill in the number of people in your household.

7

Fill in the median family income for your state and size of household. 13.

\$ 88,748.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.*
Go to Part 3 and fill out Form 22A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

/s/ Aaron Lee Adamo

Signature of Debtor 1

X

/s/ Kimberly Brooke Adamo

Signature of Debtor 2

Date **September 11, 2015**

MM / DD / YYYY

Date **September 11, 2015**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

Fill in this information to identify your case:Debtor 1 **Aaron Lee Adamo**
First Name Middle Name Last NameDebtor 2 **Kimberly Brooke Adamo**
(Spouse, if filing) First Name Middle Name Last NameUnited States Bankruptcy Court for the: **Northern District of Oklahoma**Case number _____
(if known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

☒ 1. There is no presumption of abuse.☐ 2. There is a presumption of abuse.☐ Check if this is an amended filing**Official Form 22A-2****Chapter 7 Means Test Calculation**

12/14

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 22A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income1. **Copy your total current monthly income.** Copy line 11 from Official Form 22A-1 here ➔ 1. \$ **8,425.21**2. **Did you fill out Column B in Part 1 of Form 22A-1?**☐ No. Fill in \$0 on line 3d.☒ Yes. Is your spouse filing with you?☐ No. Go to line 3.☒ Yes. Fill in \$0 on line 3d.3. **Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents.** Follow these steps:

On line 11, Column B of Form 22A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☒ No. Fill in 0 on line 3d.☐ Yes. Fill in the information below:**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

3a. _____ \$ _____

3b. _____ \$ _____

3c. _____ + \$ _____

3d. **Total.** Add lines 3a, 3b, and 3c. \$ **0.00**Copy total here ➔ 3d. - \$ **0.00**4. **Adjust your current monthly income.** Subtract line 3d from line 1.**\$ 8,425.21**

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 22A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 22A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

7**National Standards**

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 2,647.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person

\$ **60.00**

- 7b. Number of people who are under 65

X **7**

- 7c. **Subtotal.** Multiply line 7a by line 7b.

\$ **420.00**

Copy line 7c
here →

\$ **420.00****People who are 65 years of age or older**

- 7d. Out-of-pocket health care allowance per person

\$ **144.00**

- 7e. Number of people who are 65 or older

X **0**

- 7f. **Subtotal.** Multiply line 7d by line 7e.

\$ **0.00**

Copy line 7f
here →

+ \$ **0.00**

- 7g. **Total.** Add lines 7c and 7f.....

\$ **420.00**

Copy total here →
..... 7g.

\$ 420.00

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$ 601.00

9. **Housing and utilities – Mortgage or rent expenses:**

- 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

9a. \$ 1,154.00

- 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor

Average monthly payment

Quicken Loans

\$ 0.00

\$ _____

+ \$ _____

9b. Total average monthly payment

\$ 0.00Copy line 9b
here ➔— \$ 0.00Repeat this
amount on
line 33a.

- 9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0.

9c. \$ 1,154.00Copy
line 9c
here ➔\$ 1,154.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain
why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☒ 1. Go to line 12.
☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 244.00

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 11/2014 2014 Jeep Wrangler VIN: 1C4BJWDG

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ 517.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly payment

Chrysler Capital

\$ 743.00

Copy 13b
here →

— \$ 743.00

Repeat this
amount on
line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

13c.

\$ 0.00

Copy net
Vehicle 1
expense
here..... →

\$ 0.00

Vehicle 2 Describe Vehicle 2: Date Incured - 02/1/2013

13d. Ownership or leasing costs using IRS Local Standard 13d. \$ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

Tulsa Teachers Credit Union

\$ 432.07

Copy 13e
here →

— \$ 432.07

Repeat this
amount on
line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

13f.

\$ 0.00

Copy net
Vehicle 2
expense
here..... →

\$ 0.00

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 1,591.70
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 1,459.10
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 0.00
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** **\$8,116.80**
Add lines 6 through 23.

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 66.60Disability insurance \$ 0.00Health savings account + \$ 0.00Total \$ 66.60Copy total here → \$ 66.60

Do you actually spend this total amount?

☐ No. How much do you actually spend?\$ 0.00☒ Yes

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00

By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ 0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ 0.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). \$ 65.17

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 131.77

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

Deductions for Debt Payment**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:**Average monthly payment**33a. Copy line 9b here ➔ \$ 0.00**Loans on your first two vehicles:**33b. Copy line 13b here. ➔ \$ 743.0033c. Copy line 13e here. ➔ \$ 432.07

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
33d. <u>Chrysler Capital</u>	<u>Automobile (1)</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>743.00</u>
33e. <u>Springleaf Finance, Inc</u>	<u>Television</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>56.70</u>
33f. <u>Tulsa Teachers Credit Union</u>	<u>Automobile (2)</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	+ \$ <u>432.07</u>
33g. Total average monthly payment. Add lines 33a through 33f.			\$ <u>1,231.77</u>
			Copy total here ➔ \$ <u>1,231.77</u>

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?☒ No. Go to line 35.

☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	+ \$ _____
Total			\$ <u>0.00</u>
			Copy total here ➔ \$ <u>0.00</u>

35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 0.00 ÷ 60 = \$ 0.00

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

☒ No. Go to line 37.

☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X _____

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ _____

Copy total
here →

\$ _____

37. Add all of the deductions for debt payment.

Add lines 33g through 36.

\$ 1,231.77**Total Deductions from Income****38. Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances*..... \$ **8,116.80**

Copy line 32, *All of the additional expense deductions*..... \$ **131.77**

Copy line 37, *All of the deductions for debt payment*..... + \$ **1,231.77**

Total deductions

\$ **9,480.34**

Copy total here →

\$ 9,480.34**Part 3: Determine Whether There Is a Presumption of Abuse****39. Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income*..... \$ **8,425.21**

39b. Copy line 38, *Total deductions*..... - \$ **9,480.34**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a.

\$ **0.00**Copy line
39c here →\$ **0.00**

For the next 60 months (5 years)..... x 60

39d. **Total.** Multiply line 39c by 60. 39d.

\$ **0.00**Copy
line 39d
here →**\$ 0.00****40. Find out whether there is a presumption of abuse.** Check the box that applies:

☒ **The line 39d is less than \$7,475*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ **The line 39d is more than \$12,475*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

☐ **The line 39d is at least \$7,475*, but not more than \$12,475*.** Go to line 41.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 6), you may refer to line 5 on that form.

41a. \$ _____

x .25

\$ _____

Copy
here →

\$ _____

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I)
Multiply line 41a by 0.25.

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense
or income adjustment

\$ _____

\$ _____

\$ _____

\$ _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

✕

/s/ **Aaron Lee Adamo**

Signature of Debtor 1

✕

/s/ **Kimberly Brooke Adamo**

Signature of Debtor 2

Date **September 11, 2015**

MM / DD / YYYY

Date **September 11, 2015**

MM / DD / YYYY

B1 (Official Form 1) (04/13)

United States Bankruptcy Court Northern District of Oklahoma				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Adamo, Aaron Lee			Name of Joint Debtor (Spouse) (Last, First, Middle): Adamo, Kimberly Brooke		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 0641			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 1992		
Street Address of Debtor (No. & Street, City, State & Zip Code): 513 East Reno Pl. Broken Arrow, OK			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 513 East Reno Pl. Broken Arrow, OK		
ZIPCODE 74012			ZIPCODE 74012		
County of Residence or of the Principal Place of Business: Tulsa			County of Residence or of the Principal Place of Business: Tulsa		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIPCODE			ZIPCODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIPCODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/> Chapter 15 Debtor Country of debtor's center of main interests: <hr/> Each country in which a foreign proceeding by, regarding, or against debtor is pending: <hr/>		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Adamo, Aaron Lee & Adamo, Kimberly Brooke**All Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **None**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

None

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X /s/ Bryan Irons**9/11/15**

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Adamo, Aaron Lee & Adamo, Kimberly Brooke**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Aaron Lee Adamo

Signature of Debtor

Aaron Lee Adamo

X /s/ Kimberly Brooke Adamo

Signature of Joint Debtor

Kimberly Brooke Adamo**9182319759**

Telephone Number (If not represented by attorney)

September 11, 2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Bryan Irons

Signature of Attorney for Debtor(s)

Bryan Irons 20138**Irons Law Firm****3315 East 39th Street****Tulsa, OK 74135-4631****(918) 392-0079 Fax: (918) 794-0069****birons@ironslegal.com****September 11, 2015**

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

**United States Bankruptcy Court
Northern District of Oklahoma**

IN RE:

Case No. _____

Adamo, Aaron Lee

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Aaron Lee Adamo

Date: September 11, 2015

Certificate Number: 15725-OKN-CC-026055400



15725-OKN-CC-026055400

CERTIFICATE OF COUNSELING

I CERTIFY that on August 17, 2015, at 3:00 o'clock PM EDT, Aaron Adamo received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 17, 2015 By: /s/Jonathan Todd

Name: Jonathan Todd

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

**United States Bankruptcy Court
Northern District of Oklahoma**

IN RE:

Case No. _____

Adamo, Kimberly Brooke

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Kimberly Brooke Adamo

Date: September 11, 2015

Certificate Number: 15725-OKN-CC-026055401



15725-OKN-CC-026055401

CERTIFICATE OF COUNSELING

I CERTIFY that on August 17, 2015, at 3:00 o'clock PM EDT, Kimberly Adamo received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 17, 2015 By: /s/Jonathan Todd

Name: Jonathan Todd

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

**United States Bankruptcy Court
Northern District of Oklahoma**

IN RE:

Case No. _____

Adamo, Aaron Lee & Adamo, Kimberly BrookeChapter **7**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 241,000.00		
B - Personal Property	Yes	3	\$ 172,695.12		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 293,976.41	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		\$ 40,291.97	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$ 4,533.19
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 4,484.00
TOTAL		18	\$ 413,695.12	\$ 334,268.38	

United States Bankruptcy Court
Northern District of Oklahoma

IN RE:

Case No. _____

Adamo, Aaron Lee & Adamo, Kimberly Brooke

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 4,533.19
Average Expenses (from Schedule J, Line 22)	\$ 4,484.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 8,425.21

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 4,921.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 40,291.97
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 45,212.97

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke

Case No. _____

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Lot Thirty (30), Block Seven (7), Cottages at Taylor's Pond, an Addition to the City of Glenpool, Tulsa County, State of Oklahoma, according to the recorded plat thereof. 806 W. 150th Place South; Glenpool, OK 74033	JTWROS	J	241,000.00	230,000.00
TOTAL			241,000.00	

(Report also on Summary of Schedules)

IN RE **Adamo, Aaron Lee & Adamo, Kimberly Brooke**

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Arvest Checking #5646	J	663.24
		Central National Bank Checking #6394		19.00
		Tulsa Federal Credit Union Savings #5234	H	74.27
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Bedroom sets, couch, love seat, dining table, dishes, pans, blu ray player, (broken) lapotop, books, dvds, cds,	J	500.00
		Television	J	300.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing & Shoes for 2 adults	J	150.00
7. Furs and jewelry.		Jewelry: wedding rings	J	500.00
		Location: 13833 S. Nyssa Ct. Glenpool, OK 74033		
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		QuikTrip Corp. Retirement Plan	H	111,483.61
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

B6B (Official Form 6B) (12/07) - Cont.

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2013 Nissan Armada VIN: 5N1BA0ND9DN600019 (awarded to ex-wife in divorce decree)		24,000.00
		2015 Jeep Wrangler VIN: 1C4BJWDG9FL563300	J	35,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			

B6B (Official Form 6B) (12/07) - Cont.

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke Case No. _____
 Debtor(s) (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.		Dog -pet	J	5.00
32. Crops - growing or harvested. Give particulars.	X	Location: 13833 S. Nyssa Ct. Glenpool, OK 74033		
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				172,695.12

0 continuation sheets attached

(Include amounts from any continuation sheets attached.
 Report total also on Summary of Schedules.)

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke

Case No. _____

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. *

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Arvest Checking #5646	31 Okla. St. § 1(A)(18)	75%	663.24
Central National Bank Checking #6394	31 Okla. St. § 1(A)(18)	75%	19.00
Tulsa Federal Credit Union Savings #5234	31 Okla. St. § 1(A)(18)	75%	74.27
Bedroom sets, couch, love seat, dining table, dishes, pans, blu ray player, (broken) lapotop, books, dvds, cds,	31 Okla. St. § 1(A)(3)	500.00	500.00
Television	31 Okla. St. § 1(A)(3)	300.00	300.00
Clothing & Shoes for 2 adults	31 Okla. St. § 1(A)(7)	150.00	150.00
Jewelry: wedding rings	31 Okla. St. § 1(A)(8)	500.00	500.00
Location: 13833 S. Nyssa Ct. Glenpool, OK 74033			
QuikTrip Corp. Retirement Plan	31 Okla. St. § 1(A)(20); 60 Okla. St. §§ 327, 328	111,483.61	111,483.61
Dog -pet	31 Okla. St. §§ 1(A)(10) to (12), (15) to (17)	5.00	5.00
Location: 13833 S. Nyssa Ct. Glenpool, OK 74033			

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE **Adamo, Aaron Lee & Adamo, Kimberly Brooke**

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 7994 Chrysler Capital 1601 Elm St Suit 800 Dallas, TX 75201	J	11/2014 2014 Jeep Wrangler VIN: 1C4BJWDG9FL563300 VALUE \$ 35,000.00				34,755.41	
ACCOUNT NO. 1374 Quicken Loans 6135 Park South Drive Suite 200 Charlotte, NC 28210	X H	01/13/2014 Lot Thirty (30), Block Seven (7), Cottages at Taylor's Pond, an Addition to the City of Glenpool, Tulsa County, State of Oklahoma, according to the recorded plat thereof.				230,000.00	
ACCOUNT NO. 		806 W. 150th Place South; Glenpool, OK 74033 VALUE \$ 241,000.00					
ACCOUNT NO. Baer & Timberlake, P.C. PO Box 18486 Oklahoma City, OK 73154-0486		Assignee or other notification for: Quicken Loans VALUE \$					
Subtotal (Total of this page)						\$ 264,755.41	\$
Total (Use only on last page)						\$	\$

1 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 7066 Springleaf Finance, Inc 601 N.W. Second Street Evansville, IN 47701	X J	2014 Television Adwarded to Ex-Spouse in divorce VALUE \$ 300.00				3,297.00	2,997.00
ACCOUNT NO. 7666 Tulsa Teachers Credit Union 3720 E 31st St Tulsa, OK 74135	X J	02/2013 2013 Nissan Armada (awarded to ex-wife in divorce decree) VALUE \$ 24,000.00				25,924.00	1,924.00
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
Subtotal (Total of this page)						\$ 29,221.00	\$ 4,921.00
Total (Use only on last page)						\$ 293,976.41	\$ 4,921.00

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE **Adamo, Aaron Lee & Adamo, Kimberly Brooke**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8603 Capital One P.O. Box 60599 City of Industry, CA 91716	W	05/2015 Credit Card				307.83
ACCOUNT NO. 4513 Central National Bank 324 W Broadway Enid, OK 73701	W	2014 Personal Loan				3,179.00
ACCOUNT NO. 1992 Chase Bank 270 Park Avenue Floor 12 New York, NY 10017	J	2007 Dodge Ram (creditor in possession 2/15/2015)				5,700.00
ACCOUNT NO. 0301 Cox Communications 11181 E 51st Street Tulsa, OK 74146	H	07/31/2015 Cable Bill				270.00
Subtotal (Total of this page)						\$ 9,456.83
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

1 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Adamo, Aaron Lee & Adamo, Kimberly Brooke**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0641 Fed Loan P.O. Box 60610 Harrisburg, PA 17106-0610	H	08/1/2014 Loan				10,000.00
ACCOUNT NO. 0641 QuikTrip 4105 S 129th E. Ave Tulsa, OK 74134	H	10/26/2011 Personal Loan				17,015.14
ACCOUNT NO. 8974 Syncrony Bank PO BOX 960061 ORLANDO, FL 32896	H	8/2014 Credit Card				2,295.00
ACCOUNT NO. 7418 UMB Bank P.O. Box 419734 Kansas City, MO 64141	H	10/1994 Credit Card				500.00
ACCOUNT NO. damo Valley Branscum 401 S Main Sapulpa, OK 74066	X	04/17/2015 Ex-wife's attorney fees (for divorce - as printed in decree)				1,025.00
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **30,835.14**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **40,291.97**

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke

Case No. _____

Debtor(s)

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke

Case No. _____

Debtor(s)

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dana Adamo 806 W 150th PI S Glenpool, OK 74033	Quicken Loans 6135 Park South Drive Suite 200 Charlotte, NC 28210
	Tulsa Teachers Credit Union 3720 E 31st St Tulsa, OK 74135
	Valley Branscum 401 S Main Sapulpa, OK 74066
	Springleaf Finance, Inc 601 N.W. Second Street Evansville, IN 47701

Fill in this information to identify your case:

Debtor 1 Aaron Lee Adamo
First Name Middle Name Last Name

Debtor 2 Kimberly Brooke Adamo
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Oklahoma

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 6I**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☒ Employed
☐ Not employed

OccupationManagerPart-Time Clerk**Employer's name**QuikTrip CorporationQuikTrip Corporation**Employer's address**

4705 S 129th E Ave
Number Street

4705 S 129th E Ave
Number Street

Tulsa, OK 74134-0000

City State ZIP Code

Tulsa, OK 74134-0000

City State ZIP Code

How long employed there?20 Years, 2 Months1 Years, 11 Months**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 7,608.65\$ 816.56

3. Estimate and list monthly overtime pay.

3. + \$ 0.00+ \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 7,608.65\$ 816.56

Debtor 1

Aaron Lee Adamo
 First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 7,608.65	\$ 816.56
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,557.05	\$ 169.35
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 597.48	\$ 0.00
5e. Insurance	5e. \$ 45.04	\$ 0.00
5f. Domestic support obligations	5f. \$ 1,459.10	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>See Schedule Attached</u>	5h. + \$ 44.00	+ \$ 20.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 3,702.67	\$ 189.35
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,905.98	\$ 627.21
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,905.98 +	\$ 627.21 = \$ 4,533.19
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 4,533.19 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <u>None</u>		

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke Case No. _____
Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
united way	44.00	0.00
United Way	0.00	20.00

Fill in this information to identify your case:

Debtor 1 Aaron Lee Adamo
First Name Middle Name Last Name

Debtor 2 Kimberly Brooke Adamo
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Oklahoma

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

18

☐ No
☒ Yes

Daughter

14

☐ No
☒ Yes

Daughter

2

☐ No
☒ Yes

Daughter

1

☐ No
☒ Yes

Son

20

☐ No
☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 995.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 20.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 25.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

Your expenses5. **Additional mortgage payments for your residence**, such as home equity loans5. \$ 0.006. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ 400.00

6b. Water, sewer, garbage collection

6b. \$ 100.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 350.00

6d. Other. Specify: _____

6d. \$ 0.007. **Food and housekeeping supplies**7. \$ 700.008. **Childcare and children's education costs**8. \$ 200.009. **Clothing, laundry, and dry cleaning**9. \$ 150.0010. **Personal care products and services**10. \$ 100.0011. **Medical and dental expenses**11. \$ 150.0012. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 300.0013. **Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ 100.0014. **Charitable contributions and religious donations**14. \$ 0.0015. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 0.00

15b. Health insurance

15b. \$ 0.00

15c. Vehicle insurance

15c. \$ 150.00

15d. Other insurance. Specify: _____

15d. \$ 0.0016. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.0017. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ 744.00

17b. Car payments for Vehicle 2

17b. \$ 0.00

17c. Other. Specify: _____

17c. \$ 0.00

17d. Other. Specify: _____

17d. \$ 0.0018. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**18. \$ 0.0019. **Other payments you make to support others who do not live with you.**

Specify: _____

\$ 0.00

19.

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ 0.00

20b. Real estate taxes

20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance

20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0.00

20e. Homeowner's association or condominium dues

20e. \$ 0.00

Debtor 1

Aaron Lee Adamo

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: _____21. **+\$** 0.0022. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$** 4,484.0023. **Calculate your monthly net income.**23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.23a. **\$** 4,533.19

23b. Copy your monthly expenses from line 22 above.

23b. **-\$** 4,484.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. **\$** 49.1924. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE Adamo, Aaron Lee & Adamo, Kimberly Brooke Case No. _____
 Debtor(s) (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: September 11, 2015 Signature: /s/ Aaron Lee Adamo
 Aaron Lee Adamo Debtor

Date: September 11, 2015 Signature: /s/ Kimberly Brooke Adamo
 Kimberly Brooke Adamo (Joint Debtor, if any)
 [If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)
 If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

 Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Oklahoma

IN RE:

Case No. _____

Adamo, Aaron Lee & Adamo, Kimberly Brooke

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

☐ None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
56,719.62	2015 Income (debtor) - QuikTrip
78,487.00	2014 Joint Tax Return (debtor)
77,412.00	2013 Joint Tax Return (debtor)
7,180.20	2015 Income (spouse) - QuikTrip
14,457.00	2014 Tax Return (spouse)
10,349.00	2013 Tax Return (spouse)

2. Income other than from employment or operation of business

☒ None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors*Complete a. or b., as appropriate, and c.*

- None ☐ *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Chrysler Capital 1601 Elm St, Suit 800 Dallas, TX 75201-0000	5/20/2015, 6/24/2015, 7/23/2015	744.00	34,755.41
Quiktrip 4105 S. 129th E. Ave. Tulsa, OK 74134-0000	Weekly, Every Pay Period	149.37	17,015.14
Springleaf Finance, Inc 601 N.W. Second Street Evansville, IN 47701	05/15, 06/15, 07/15	126.00	3,297.00

- None ☒ *b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

- None ☒ *c. All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ *a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Quicken Loans Inc. CJ- 2015-01374	Civil	Tulsa County District Court, Oklahoma	Foreclosure Pending
vs. Aaron Adamo & Dana Adamo			
Dana Lynn Adamo FD-2014 -2949	Divorce	Tulsa County District Court, Oklahoma	Closed; Dana awarded \$230,000.00 from retirement account, in lieu of alimony.
vs. Aaron Lee Adamo			

- None ☒ *b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

5. Repossessions, foreclosures and returns

- None ☐ *List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Chase Bank P.O. Box 901076 FortWorth, TX 76101	2/15/2015	2007 Dodge Ram; \$13,700

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
001 Debtor Edu 378 Summit Ave Jersey City, NJ 07306-0000	08/17/2015	80.00
Irons Law Firm 3315 East 39th Street Tulsa, OK 74135-0000	08/17/2015	860.00

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Dana Adamo 806 W 150th PI S Glenpool, OK 74033 ex-spouse	04/28/2015	Transferred from QuikTrip retirement fund to a retirement fund in Dana Adamo's name per Divorce Decree dated April 14, 2015. 230,000.00 funds were never in possession of Mr. Adamo. Transferred from QuikTrip retirement fund to a retirement fund in Dana Adamo's name per Divorce Decree dated April 14, 2015. Cash was never in possession of Mr. Adamo.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

- None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
701 W. 101st Pl. S. Apt. 837; Jenks OK 74037	Kimberly Brooke Cowan	11/04/2014-06/28/2015
806 W. 150th Pl. S.; Glenpool OK 74033-0000	Aaron Adamo	01/05/2006-10/20/2014
3162 E. 144th Pl. S.; Bixby OK 74008-0000	Kimberly Brooke Cowan	10/28/2013-10/29/2014
108 Huckleberry Dr.; Lake Jackson TX 77566-0000	Kimberly Brooke Cowan	11/12/2008-10/28/2013

16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the **two years** immediately preceding the commencement of this case.

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

24. Tax Consolidation Group

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **September 11, 2015**

Signature /s/ Aaron Lee Adamo
of Debtor

Aaron Lee Adamo

Date: **September 11, 2015**

Signature /s/ Kimberly Brooke Adamo
of Joint Debtor
(if any)

Kimberly Brooke Adamo

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

**United States Bankruptcy Court
Northern District of Oklahoma**

IN RE:

Case No. _____

Adamo, Aaron Lee & Adamo, Kimberly BrookeChapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: Central National Bank	Describe Property Securing Debt:
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name: Chase Bank	Describe Property Securing Debt:
Property will be (<i>check one</i>): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

 1 continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: September 11, 2015 /s/ Aaron Lee Adamo

Signature of Debtor

 /s/ Kimberly Brooke Adamo

Signature of Joint Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

(Continuation Sheet)

PART A – Continuation

Property No. 3		
Creditor's Name: Chrysler Capital	Describe Property Securing Debt: 2015 Jeep Wrangler VIN: 1C4BJWDG9FL563300	
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt		
Property No. 4		
Creditor's Name: Quicken Loans	Describe Property Securing Debt: Lot Thirty (30), Block Seven (7), Cottages at Taylor's Pond, an	
Property will be (<i>check one</i>): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt		
Property No. 5		
Creditor's Name: Springleaf Finance, Inc	Describe Property Securing Debt: Television	
Property will be (<i>check one</i>): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

PART B – Continuation

Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

**United States Bankruptcy Court
Northern District of Oklahoma**

IN RE:

Case No. _____

Adamo, Aaron Lee & Adamo, Kimberly BrookeChapter 7

Debtor(s)

VERIFICATION AS TO OFFICIAL MAILING MATRIX

- ☒ Original
☐ Amendment
☐ Add ☐ Delete

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on the Creditor List Submission application, or uploaded to the Electronic Case Filing System is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

If this filing is an amendment to the creditor list, indicate only the number of creditors being added or to be deleted at this time. (For verification purposes, attach a list of the creditors being submitted, uploaded, or to be deleted.)

15 # of Creditors (or if amended, # of creditors added)

Method of submission:

- (a) ☒ uploaded to Electronic Case Filing System; or
 (b) ☐ Creditor List Submission application (to be used by Pro Se filers, Found on the Court's website at www.oknb.uscourts.gov, or available in the Clerk's Office)

_____ # of Creditors (on attached list) to be deleted

/s/ Aaron Lee Adamo

Debtor

/s/ Kimberly Brooke Adamo

Joint Debtor

/s/ Bryan Irons

Attorney

Bryan Irons 20138
 Irons Law Firm
 3315 East 39th Street
 Tulsa, OK 74135-4631
 (918) 392-0079 Fax: (918) 794-0069
 biron@ironslegal.com

Date: September 11, 2015

[Check if applicable]

_____ Creditor(s) with foreign addresses included

Baer & Timberlake, P.C.
PO Box 18486
Oklahoma City, OK 73154-0486

Capital One
P.O. Box 60599
City of Industry, CA 91716

Central National Bank
324 W Broadway
Enid, OK 73701

Chase Bank
270 Park Avenue Floor 12
New York, NY 10017

Chrysler Capital
1601 Elm St
Suit 800
Dallas, TX 75201

Cox Communications
11181 E 51st Street
Tulsa, OK 74146

Dana Adamo
806 W 150th Pl S
Glenpool, OK 74033

Fed Loan
P.O. Box 60610
Harrisburg, PA 17106-0610

Quicken Loans
6135 Park South Drive
Suite 200
Charlotte, NC 28210

QuikTrip
4105 S 129th E. Ave
Tulsa, OK 74134

Springleaf Finance, Inc
601 N.W. Second Street
Evansville, IN 47701

Syncrony Bank
PO BOX 960061
ORLANDO, FL 32896

Tulsa Teachers Credit Union
3720 E 31st St
Tulsa, OK 74135

UMB Bank
P.O. Box 419734
Kansas City, MO 64141

Valley Branscum
401 S Main
Sapulpa, OK 74066

FORM 1007-1F (10/07)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLAHOMA

IN RE:

Adamo, Aaron Lee,

Debtor(s).

Case No. _____
Chapter 07

PAYMENT ADVICES CERTIFICATION

(NOTE: A separate form must be filed by *each* debtor in a joint case)

Pursuant to 11 U.S.C. § 521(a)(1)(B)(iv), a debtor shall file copies of *all* payment advices or other evidence of payment (such as paycheck stubs, direct deposit statements, employer's statement of hours and earnings) received from the debtor's employer *within 60 days* before the date the debtor filed his/her bankruptcy case (the "petition date").*

I, Aaron Lee Adamo hereby state as follows:
(debtor's name)

(select one)

☒ I have attached hereto, or previously filed with the Court, copies of all payment advices or other evidence of payment received from my employer(s) within 60 days before the petition date.

Number of Employers: 01 Number of Payment Advices received: 09
Number of Payment Advices attached: 09
Period Covered: July and August 2015

(If period covered is less than 60 days, attach an explanation.)

If the attached payment advices do not cover the entire 60-day period, describe any "other evidence of payment" that you intend to rely upon. _____

☐ I received payment advices from an employer(s) during the 60 days before the petition date but have not yet located or obtained copies of all of the payment advices. I understand that if I do not file all payment advices or other evidence of payment **within 45 days** from the petition date, my bankruptcy case may be **dismissed**.

Number of Employers: _____ Number of Payment Advices attached: _____
Period Covered: _____
Number of missing Payment Advices: _____ Dates of missing Payment Advices: _____

☐ I did not receive any payment advices or other evidence of payment from any employer at any point during the 60 days before the petition date. (If you were employed, attach an explanation of why you did not receive any payment advices from your employer.)

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge, information and belief.

Date: 9/10/2015

/s/ Aaron Lee Adamo

(Signature of Debtor)

Print name: Aaron Lee Adamo

**In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.*

07345

Historical Payroll Register
Summary per Check Date
Employees Sorted by Address Number

07/31/15 8:49:16
Page: 14
Date From: 01/30/15
Date Thru: 07/31/15

Q	Description	Current	Current	YTD	YTD	DBA	Description	Add'l	Current	YTD	Current	YTD
ds		Hours	Dollars	Dollars	Hours	Code		Tax	Amount	Amount	Throttle	Throttle
								Code			Amount	Amount
886	Cust. Service			4,006.15		4025	401 Loans #6		67.33	1,750.59		
882	C.S. \$50 Bon			220.00		4026	401 Loans #7		82.04	2,133.04		
886	Qtrly Attend			633.94		8100	United Way		11.00	286.00		
887	Ann. Attend			1,360.84		8999	Credit Union		10.00	260.00		
897	Ann Ret-StMg			1,250.00								
905	Anniv. Award			8,051.99								
905	Disability		2.18	55.46								
120	Excess Life			61.82								
Current Employee: ADAMO, AARON L												
*** Total Pay/Hours		48.50	1,048.09	44,709.83	1,265.80	Check Date: 07/01/15						
Gross Total:			1,039.61	44,593.18		*** Total Employee Deductions			648.05	16,205.38		
						*** Total Employer Deductions						
						*** Net Pay			400.04	28,504.45		

1 Regular	48.50	1,048.09	22,351.71	1,057.30	*** Gross Wages	1,048.09	45,757.92		
40 Meeting			826.05	38.80	Federal Tax	10.50	3,784.97	1,039.61	4
60 Mgr X Shifts			246.00	9.70	Fica Tax	64.45	2,829.23	1,039.61	4
300 Sick Pay			906.82	19.40	Medicare Tax	15.08	661.68	1,039.61	4
400 Vacation Pay			2,196.84	101.80	Oklahoma Tax	24.00	1,579.00	1,039.61	4
403 Mgr Free Sft			906.82	19.40	QTY MEDICAL	10.66	243.79		
404 Mgr Per Day			1,245.29	58.20	Life	1.27	34.29		
425 Mgr Holiday			99.04	9.70	1021 Miss FI Ded		2,820.32		
333 TSA Shop Bon			156.20		1401 Support Ded.	336.72	1,810.16		
775 Store Bonus			2,300.23		3708-QT HMO Copay		75.00		
380 Cust. Service			4,006.15		4025 401 Loans #6	67.33	1,817.91		
882 C.S. \$50 Bon			220.00		4026 401 Loans #7	82.04	2,215.88		
886 Qtrly Attend			633.94		8100 United Way	11.00	297.80		
887 Ann. Attend			1,360.84		8999 Credit Union	10.00	270.00		
897 Ann Ret-StMg			1,250.00						
905 Anniv. Award			8,051.99						
905 Disability		2.18	57.64						
120 Excess Life			61.82						
Current Employee: ADAMO, AARON L									
*** Total Pay/Hours		Gross:	48.50	1,048.09	45,757.92	1,314.30	Check Date: 07/08/15		
		Total:		1,039.61	45,632.79		633.05	16,838.43	
							*** Total Employee Deductions		
							*** Total Employer Deductions		
							*** Net Pay		
							415.04	28,919.49	

107345

Historical Payroll Register
Summary per Check Date
Employees Sorted by Address Number

07/31/15 8:40:16
Page: 15
Date From: 01/30/15
Date Thru: 07/31/15

LY No	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DRA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Tangible Amount	YTD Tangible Amount
1	Regular	48.50	1,048.09	23,390.80	1,105.80	***	Gross Wages		1,103.09	46,861.81		
40	Meeting			826.05	38.80		Federal Tax		16.00	3,808.97	1,094.61	
60	Mgr X Shifts			246.00	9.70		Fica Tax		67.87	2,897.10	1,094.61	
300	Sick Pay			406.82	19.40		Medicare Tax		15.87	677.55	1,094.61	
400	Vacation Pay			2,196.84	101.80		Oklahoma Tax		27.00	1,606.00	1,094.61	
403	Mgr Free Slt			406.82	19.40		QT MEDICAL		10.66	254.45		
404	Mgr Per Day			1,245.20	50.20		Life		1.27	35.56		
425	Mgr Holiday			99.04	9.70	1021	Misc FI Ded			2,020.32		
833	FSA Sling Bon			156.20		1401	Support Ded.		336.72	1,346.88		
875	Store Bonus			2,300.23		3700	QT HMO Copay			75.00		
880	Cost. Service			4,006.15		4025	401 Loans #6		67.33	1,885.24		
882	C.S. \$30 Bon		55.00	275.00		4026	401 Loans #7		82.04	2,297.12		
886	Qtrly Attend			633.04		8100	United Way		11.00	308.00		
887	Ann. Attend			1,360.94		8900	Credit Union		10.00	280.00		
887	Ann Ret-SlMg			1,250.00								
905	Anniv. Award			8,051.99								
905	Disability		2.18	59.82								
120	Excess Life			61.02								
Current Employee: ADAMO, AARON L							Check Date: 07/15/15					
***	Total Pay/Hours	Gross: 48.50	1,103.09	46,861.81	1,362.80		***Total Employee Deductions		645.76	17,484.19		
		Net: 1,094.61		46,727.40			***Total Employer Deductions					
							*** Net Pay		457.33	29,376.82		

1	Regular	38.80	858.47	24,238.27	1,144.60	***	Gross Wages		2,743.13	49,604.14		
40	Meeting			826.05	38.80		Federal Tax		200.77	4,091.74	2,744.82	4
60	Mgr X Shifts			246.00	9.70		Fica Tax		170.18	3,067.28	2,744.82	4
100	Sick Pay			406.82	19.40		Medicare Tax		39.80	717.35	2,744.82	4
100	Vacation Pay			2,196.84	101.80		Oklahoma Tax		114.00	1,720.00	2,744.82	3
103	Mgr Free Slt			406.82	19.40		QT MEDICAL		10.66	265.11		
104	Mgr Per Day	9.70	209.62	1,454.91	67.90		Life		1.27	35.83		
125	Mgr Holiday			99.04	9.70	1021	Misc FI Ded			2,020.32		
133	FSA Sling Bon			156.20		1401	Support Ded.		336.72	1,683.60		
175	Store Bonus		1,093.04	3,393.27		3700	QT HMO Copay			75.00		
180	Cost. Service		602.00	4,608.15		4025	401 Loans #6		67.33	1,952.57		

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Historical Payroll Register
Summary per Check Date
Employees Sorted by Address Number

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Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
2 C.S. \$50 Bon			275.00		4026	401 Loans #7		82.04	2,379.16		
5 Qrly Attend			633.94		8100	United Way		11.00	319.00		
7 Ann. Attend			1,360.84		8990	Credit Union		10.00	290.00		
7 Ann Ret-StkMg			1,250.00								
7 Anniv. Award			8,051.99								
5 Disability		2.18	62.00								
1 Excess Life		18.17	71.19								
Current Employee: ADAMO, AARON L											
Total Pay/Hours	Gross: 48.50 Taxable: 2,744.82	2,743.13	49,694.14 49,472.22	1,411.30	Check Date: 07/22/15			1,133.77	18,617.96		
					*** Total Employee Deductions						
					*** Total Employer Deductions						
					*** Net Pay			1,609.36	30,986.18		

Regular			24,236.27	1,144.60	*** Gross Wages						
Meating			826.05	38.80	Federal Tax		1,048.08	50,652.22			
Mgr X Shifts			246.80	9.70	Fica Tax		7.58	4,099.32		1,010.44	50.4
Sick Pay	29.10	628.85	1,036.67	48.50	Medicare Tax		62.64	3,129.92		1,010.44	50.4
Vacation Pay	19.40	419.23	2,616.07	121.20	Oklahoma Tax		14.65	732.00		1,010.44	50.4
Mgr Free Sh			406.82	19.40	QTF MEDICAL		23.00	1,743.00		1,010.44	50.4
Mgr Per Day			1,454.91	67.90	Life		39.82	304.93			
Mgr Holiday			99.04	9.70	1021 Misc FI Del		1.27	38.10			
RSA Shop Bon			156.20		1401 Support Del.			2,020.32			
Store Bonus			3,393.27		3708 QT HMO Copay		336.72	2,020.32			
Cont. Service			4,688.15		4025 401 Loans #6			75.00			
C.S. \$50 Bon			275.00		4026 401 Loans #7		67.33	2,019.90			
Qrly Attend			633.94		8100 United Way		82.04	2,461.20			
Ann. Attend			1,360.84		8999 Credit Union		11.00	330.00			
Ann Ret-StkMg			1,250.00				10.00	300.00			
Anniv. Award			8,051.99								
Disability		2.18	64.18								
Excess Life			71.19								
Current Employee: ADAMO, AARON L					Check Date: 07/29/15						
Total Pay/Hours	Gross: 48.50 Taxable: 1,010.44	1,048.08	50,652.22 50,482.66	1,459.80	*** Total Employee Deductions		656.05	19,274.61			
					*** Total Employer Deductions						
					*** Net Pay		392.03	31,378.21			

From: Epic@quiktrip.com
Subject: Employee Pay Stub
Date: August 4, 2015 at 10:37 AM
To: brooke.cowan@hotmail.com

ADAMO, AARON L Marital Sts: M Deposit Nbr: 7240027 Route: 1084
Fed Exemptions: 10 Addtl Withholding: 0.00 Period End: 07/31/2015
Disbursement Type: Direct Deposit Job Code/Step: 10/215 Check Date: 08/05/2015

EARNINGS					DEDUCTIONS		
DESCRIPTION	HOURS	RATE	GROSS	YEAR TO DATE	DESCRIPTION	AMOUNT	YEAR TO DATE
Regular	48.50	21.81	1,048.09	25,288.36	--Gross--	1,348.09	52,000.31
Discreti Pay			300.00	300.00	Federal Tax	43.84	4,143.16
Excess Life			10.40	81.59	Fica Tax	83.40	3,213.32
Disability			2.18	66.36	Medicare Tax	19.50	751.50
Meeting				826.05	Oklahoma Tax	40.00	1,783.00
Mgr X Shifts				246.00	Misc FI Ded		2,020.32
Sick Pay				1,035.67	Support Ded.	336.72	2,357.04
Vacation Pay				2,816.07	QT MEDICAL	15.52	320.45
Mgr Free Sft				406.82	QT HMO Copay		75.00
Mgr Per Day				1,454.91	Life	1.27	39.37
Mgr Holiday				99.04	401 Loans #6	67.33	2,087.23
FSA Shop Bon				156.20	401 Loans #7	82.04	2,543.24
Store Bonus				3,393.27	United Way	11.00	341.00
Cust. Servic				4,808.15	Credit Union	10.00	310.00
C.S. \$50 Bon				276.00			
Qtrly Attend				693.94			
Ann. Attend				1,360.84			
Ann Ret-StMg				1,250.00			
Anniv. Award				8,051.99			

Gross	48.50	1,360.67	52,148.26	*Deductions	710.62
				*Net	637.47

Federal Gross Wage 50,787.59
Less Tax Excludable Total 304.98
Federal Taxable Wages 50,482.68
Beg. Year Vacation Balance 277.06 Sick Earned 108.40
Vacation Taken 116.40 Sick Taken 29.10

QuikTrip Corporation

From: Epic@quiktrip.com
Subject: Employee Pay Stub
Date: August 11, 2015 at 10:43 AM
To: brooke.cowan@hotmail.com

ADAMO, AARON L

Marital Sts: M Deposit Nbr: 7260015 Route: 1084
Fed Exemptions: 10 Addtl Withholding: 0.00 Perfol End: 08/07/2015
Job Code/Step: 10/215 Check Date: 08/12/2015

Disbursement Type: Direct Deposit

EARNINGS					DEDUCTIONS		
DESCRIPTION	HOURS	RATE	GROSS	YEAR TO DATE	DESCRIPTION	AMOUNT	YEAR TO DATE
Regular	28.10	21.61	628.85	25,915.21	Gross	1,092.08	53,092.39
Meeting	19.40	21.61	419.23	1,245.28	Federal Tax	14.41	4,157.57
FSA Shop Bon			44.00	200.20	Fica Tax	86.89	3,280.21
Disability			2.18	88.54	Medicare Tax	15.64	767.14
Mgr X Shifts				246.00	Oklahoma Tax	26.00	1,809.00
Sick Pay				1,035.67	Misc FI Ded		2,020.32
Vacation Pay				2,616.07	Support Ded.	336.72	2,693.76
Mgr Free Sft				406.82	QT MEDICAL	15.62	335.97
Mgr Per Day				1,454.91	QT HMO Copay		75.00
Mgr Holiday				99.04	Life	1.27	40.64
Store Bonus				3,393.27	401 Loans #6	67.33	2,164.56
Discreti Pay				300.00	401 Loans #7	82.04	2,625.28
Cust. Servic				4,608.15	United Way	11.00	352.00
C.S. \$50 Bon				275.00	Credit Union	10.00	320.00
Qtrly Attend				633.94			
Ann. Attend				1,360.84			
Ann Ret-StMg				1,250.00			
Anniv. Award				8,051.99			
Excess Life				81.59			

Gross 48.50 1,094.26 53,242.52 *Deductions 646.82
*Net 445.26

Federal Gross Wage 52,148.26
Less Tax Excludable Total 320.45
Federal Taxable Wages 51,827.81

Beg. Year Vacation Balance 277.05 Sick Earned 109.35
Vacation Taken 116.40 Sick Taken 29.10

QuikTrip Corporation

Disbursement Type:Direct Deposit Job Code/Step: 10/215 Check Date:08/19/2015

EARNINGS

DEDUCTIONS

DESCRIPTION	HOURS	RATE	GROSS	YEAR TO DATE
Regular	48.50	21.61	1,048.09	26,963.30
Store Bonus			799.56	4,192.83
Cust. Servic			577.00	5,185.15
Disability		2.18	70.72	
Meeting			1,245.28	
Mgr X Shifts			246.00	
Sick Pay			1,035.67	
Vacation Pay			2,616.07	
Mgr Free Sft			406.82	
Mgr Per Day			1,454.91	
Mgr Holiday			99.04	
FSA Shop Bon			200.20	
Discreti Pay			300.00	
C.S. \$50 Bon			275.00	
Qtrly Attend			633.94	
Ann. Attend			1,360.84	
Ann Ret-StMg			1,250.00	
Excess Life			8,051.99	
			81.59	

DESCRIPTION	AMOUNT	YEAR TO DATE
---Gross---	2,424.65	55,517.04
Federal Tax	207.39	4,364.96
Fica Tax	149.50	3,429.71
Medicare Tax	34.97	802.11
Oklahoma Tax	96.00	1,905.00
Misc FI Ded		2,020.32
Support Ded.	336.72	3,030.48
QT MEDICAL	15.52	351.49
QT HMO Copay		75.00
Life	1.27	41.91
401 Loans #6	67.33	2,221.89
401 Loans #7	82.04	2,707.32
United Way	11.00	363.00
Credit Union	10.00	330.00

Gross 48.50 2,426.83 55,669.35 *Deductions 1,011.74
*Net 1,412.91

Federal Gross Wage 53,242.52

Less Tax Excludable Total 335.97 QuikTrip Corporation

Federal Taxable Wages 52,906.55

Beg. Year Vacation Balance 277.05 Sick Earned 110.30

Vacation Taken 116.40 Sick Taken 29.10

Vacation Available 160.65 Sick Available 81.20

Pt. Bonus Hours Accrued 0.00 Dollars Accrued 0.00

QuikTrip Corporation

07278988

Bank Name and Number are no longer shown. Please verify
your account number is correct.

Account Number Net Deposit
XXXXXXXXXX5646 1,412.91

TO 1084
THE AARON L ADAMO EARNINGS STATEMENT
ORDER 701 W 101ST PL. S #837
OF Jenks OK 74037

Disbursement Type: Direct Deposit

Deposit Nbr: 7298360 Route: 1084
Addtl Withholding: 0.00 Period End: 08/21/2015
Job Code/Step: 10/215 Check Date: 08/26/2015

EARNINGS

DESCRIPTION	HOURS	RATE	GROSS	YEAR TO DATE
Regular	48.50	21.61	1,048.09	28,011.39
Disability			2.18	72.90
Meeting				1,245.28
Mgr X Shifts				248.00
Sick Pay				1,035.67
Vacation Pay				2,616.07
Mgr Free Sft				406.82
Mgr Per Day				1,454.91
Mgr Holiday				99.04
FSA Shop Bon				200.20
Store Bonus				4,192.83
Discreti Pay				300.00
Cust. Servic				5,185.15
C.S. \$50 Bon				275.00
Qtrly Attend				633.94
Ann. Attend				1,360.84
Ann Ret-StMg				1,250.00
Anniv. Award				8,051.99
Excess Life				81.59

DEDUCTIONS

DESCRIPTION	AMOUNT	YEAR TO DATE
Gross	1,048.09	56,565.13
Federal Tax	10.01	4,374.97
Fica Tax	64.15	3,493.86
Medicare Tax	15.00	817.11
Oklahoma Tax	24.00	1,929.00
Misc FI Ded		2,020.32
Support Ded.	336.72	3,367.20
QT MEDICAL	15.52	367.01
QT HMO Copay		75.00
Life	1.27	43.18
401 Loans #6	67.33	2,289.22
401 Loans #7	82.04	2,789.36
United Way	11.00	374.00
Credit Union	10.00	340.00

Gross 48.50 1,050.27 56,719.62 *Deductions

637.04

*Net

411.05

Federal Gross Wage

55,660.35

Less Tax Excludable Total

351.49

Federal Taxable Wages

55,317.86

Beg. Year Vacation Balance

277.05 Sick Earned 111.25

Vacation Taken

116.40 Sick Taken 29.10

Vacation Available

160.65 Sick Available 82.15

Pt. Bonus Hours Accrued

0.00 Dollars Accrued 0.00

QuikTrip Corporation

07298360

FORM 1007-1F (10/07)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLAHOMA

IN RE:

Adamo, Kimberly Brooke,

Debtor(s).

Case No. _____
Chapter 07

PAYMENT ADVICES CERTIFICATION

(NOTE: A separate form must be filed by *each* debtor in a joint case)

Pursuant to 11 U.S.C. § 521(a)(1)(B)(iv), a debtor shall file copies of *all* payment advices or other evidence of payment (such as paycheck stubs, direct deposit statements, employer's statement of hours and earnings) received from the debtor's employer *within 60 days* before the date the debtor filed his/her bankruptcy case (the "petition date").*

I, Kimberly Brooke Adamo hereby state as follows:
(debtor's name)

(select one)

☒ I have attached hereto, or previously filed with the Court, copies of all payment advices or other evidence of payment received from my employer(s) within 60 days before the petition date.

Number of Employers: 01 Number of Payment Advices received: 07
Number of Payment Advices attached: 07
Period Covered: July and August 2015

(If period covered is less than 60 days, attach an explanation.)

If the attached payment advices do not cover the entire 60-day period, describe any "other evidence of payment" that you intend to rely upon. _____

☐ I received payment advices from an employer(s) during the 60 days before the petition date but have not yet located or obtained copies of all of the payment advices. I understand that if I do not file all payment advices or other evidence of payment **within 45 days** from the petition date, my bankruptcy case may be **dismissed**.

Number of Employers: _____ Number of Payment Advices attached: _____
Period Covered: _____
Number of missing Payment Advices: _____ Dates of missing Payment Advices: _____

☐ I did not receive any payment advices or other evidence of payment from any employer at any point during the 60 days before the petition date. (If you were employed, attach an explanation of why you did not receive any payment advices from your employer.)

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge, information and belief.

Date: 9/10/2015

/s/ Kimberly Brooke Adamo
(Signature of Debtor)

Print name: Kimberly Brooke Adamo

* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

R07545

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Data From: 01/30/11
Date Thru: 07/31/11

Historical Payroll Register
Summary per Check Date
Employees Sorted by Address Number

Pay Info	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DNA Code	Description	Adj'd Pay Cost	Current Amount	YTD Amount	Current Payable Amount
1 Regular											
40 Meeting				4,881.53	565.59	***	Gross Wages		103.14	6,350.56	103.14
409 VacPay/Julian				4.00	.50		Federal Tax			227.03	
420 Holiday Pym				52.00	6.50		Fica Tax			594.29	
700 Reg Pay OT				40.28	10.07		Medicare Tax		6.39	92.21	
812 CSAS50 BaseOT				170.80	14.90		Oklahoma Tax		1.40	85.00	
880 Com. Service				3.07	5.60		8100 United Way			115.00	
881 Com. Ser OT				618.66							
882 C.S. \$50 Bon				14.72	34.94						
894 PT Anshy Bon				50.00							
516.48											
Current Employees:	COWAN, KIMBERLY B						Check Date: 06/26/15				
*** Total Pay/Hours			103.14	6,350.56	638.10		*** Total Employee Deductions		7.88	913.53	
	Gross:		103.14	6,350.56			*** Total Employee Deductions		92.36	5,446.03	
	Trubi:						*** Net Pay				

1 Regular				5,143.56	592.41	***	Gross Wages		282.03	6,421.59	282.03
40 Meeting				4.00	.50		Federal Tax			233.43	
100 VacPay/Julian				52.00	6.50		Fica Tax		6.40	418.54	
120 Holiday Pym				40.28	10.07		Medicare Tax		16.25	96.01	
700 Reg Pay OT				178.80	14.90		Oklahoma Tax		3.80	87.00	
812 CSAS50 BaseOT				3.07	5.60		8100 United Way		2.00	120.00	
880 Com. Service				618.06					5.00		
881 Com. Ser OT				14.72	34.94						
882 C.S. \$50 Bon				50.00							
894 PT Anshy Bon				516.48							
Current Employees:	COWAN, KIMBERLY B						Check Date: 07/09/15				
*** Total Pay/Hours			282.03	6,691.59	664.92		*** Total Employee Deductions		53.45	948.08	
	Gross:		282.03	6,621.59			*** Total Employee Deductions		228.99	5,674.61	
	Trubi:						*** Net Pay				

1 Regular

184.46 5,328.02 611.28 *** Gross Wages 5,096.05

R07345

Historical Payroll Register
Summary per Check Date
Employees Sorted by Address Number

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Page: 1
Date From: 01/30/15
Date Thru: 07/31/15

Pay Rate	Description	Current Hours	Current Dollars	YTD Dollars	YTD Hours	DBA Code	Description	Add'l Tax Code	Current Amount	YTD Amount	Current Taxable Amount	YTD Taxable Amount
40	Meeting			4.00	.50		Federal Tax			233.43		184.46
409	VacPayIndica			52.00	6.50		Fica Tax		11.44	421.98		184.46
420	Holiday Prem			40.28	10.07		Medicare Tax		2.68	98.69		184.46
700	Reg Pay OT			178.80	14.90		Oklahoma Tax			87.00		184.46
812	CSA\$50 BonOT			3.07	5.60	8100	United Way		5.00	125.00		
880	Cost. Service			618.68								
881	Cost. Ser OT			14.72	34.94							
882	C.S. \$50 Bon			50.00								
894	PT Anniv Bon			516.48								
Current Employees: COWAN, KIMBERLY B												
*** Total Pay/Hours	Gross:	18.88	184.46	6,806.05	683.80	Check Date: 07/15/15						
	Total:		184.46	6,806.05		***Total Employee Deductions			19.12	966.10		
						***Total Employer Deductions						
						*** Net Pay			165.34	5,839.95		

1	Regular			5,328.02	611.29	*** Gross Wages			26.31	6,832.36		
40	Meeting			4.00	.50	Federal Tax				233.43		26.31
409	VacPayIndica			52.00	6.50	Fica Tax			1.63	423.61		26.31
420	Holiday Prem			40.28	10.07	Medicare Tax			.38	99.07		26.31
700	Reg Pay OT			178.80	14.90	Oklahoma Tax				87.00		26.31
812	CSA\$50 BonOT			3.07	5.60	8100	United Way			125.00		
880	Cost. Service		26.31	644.99								
881	Cost. Ser OT			14.72	34.94							
882	C.S. \$50 Bon			50.00								
894	PT Anniv Bon			516.48								
Current Employees: COWAN, KIMBERLY B												
*** Total Pay/Hours	Gross:	26.31	6,832.36	683.80	Check Date: 07/22/15							
	Total:	26.31	6,832.36		***Total Employee Deductions				2.01	968.11		
					***Total Employer Deductions							
					*** Net Pay				24.30	5,864.25		

From: Epic@quiktrip.com
Subject: Employee Pay Stub
Date: August 4, 2015 at 10:53 AM
To: brooke.cowan@hotmail.com

ADAMO, KIMBERLY B

Marital Sts: S Deposit Nbr: 7240083 Route: 1096
Fed Exemptions: 2 Addtl Withholding: 0.00 Period End: 07/31/2015
Job Code/Step: 140/640 Check Date: 08/05/2015

Disbursement Type: Direct Deposit

EARNINGS					DEDUCTIONS		
DESCRIPTION	HOURS	RATE	GROSS	YEAR TO DATE	DESCRIPTION	AMOUNT	YEAR TO DATE
Regular	15.17	9.77	148.21	5,476.23	Gross	153.10	6,985.46
Meeting	0.50	9.77	4.89	8.89	Federal Tax		233.43
VacPayInlieu				52.00	Fica Tax	8.48	433.10
Holiday Prem				40.28	Medicare Tax	2.22	101.29
Reg Pay OT				178.80	Oklahoma Tax		87.00
CSA\$50 BonOT				3.07	United Way	5.00	130.00
Cust. Servic				644.89			
Cust. Ser OT				14.72			
C.S. \$50 Bon				50.00			
PT Anniv Bon				516.48			

Gross	15.67	153.10	6,985.46	*Deductions	16.71
				*Net	136.39

Federal Gross Wage	6,832.36
Less Tax Excludable Total	0.00
Federal Taxable Wages	6,832.36
Reg. Year Vacation Balance	0.00
Vacation Taken	0.00

QuikTrip Corporation

Sick Earned	0.00
Sick Taken	0.00

From: Epic@quiktrip.com
Subject: Employee Pay Stub
Date: August 11, 2015 at 11:00 AM
To: brooke.cowan@hotmail.com

ADAMO, KIMBERLY B

Marital Sts: M Deposit Nbr: 7260069 Route: 1096
Fed Exemptions: 0 Addtl Withholding: 0.00 Period End: 08/07/2015
Job Code/Step: 140/640 Check Date: 08/12/2015

Disbursement Type: Direct Deposit

EARNINGS					DEDUCTIONS		
DESCRIPTION	HOURS	RATE	GROSS	YEAR TO DATE	DESCRIPTION	AMOUNT	YEAR TO DATE
Regular	8.12	9.77	79.33	5,655.56	Gross	79.33	7,084.79
Meeting				8.89	Federal Tax		233.43
Vac Pay In lieu				52.00	Fica Tax	4.92	438.02
Holiday Prem				40.28	Medicare Tax	1.15	102.44
Reg Pay OT				178.80	Oklahoma Tax		87.00
CSA \$50 Bon OT				3.07	401K	1.59	1.59
Cust. Serv				844.99	United Way	5.00	135.00
Cust. Ser OT				14.72			
C.S. \$50 Bon				50.00			
PT Anniv Bon				516.48			

Gross	08.12	79.33	7,084.79	*Deductions	12.66
				*Net	66.67

Federal Gross Wage 6,985.46
Less Tax Excludable Total 0.00
Federal Taxable Wages 6,985.46

Beg. Year Vacation Balance
Vacation Taken

0.00 Sick Earned 0.00
0.00 Sick Taken 0.00

QuikTrip Corporation

EARNINGS				
DESCRIPTION	HOURS	RATE	GROSS	YEAR TO DATE
Regular	8.70	9.77	85.00	5,640.56
Meeting				8.89
VacPayinlieu				52.00
Holiday Prem				40.28
Reg Pay OT				178.80
CSA\$50 BonOT				3.07
Cust. Servic				675.40
Cust. Ser OT				14.72
C.S. \$50 Bon				50.00
PT Anniv Bon				516.48

DEDUCTIONS		
DESCRIPTION	AMOUNT	YEAR TO DATE
Gross	85.00	7,180.20
Federal Tax		233.43
Fica Tax	5.27	445.17
Medicare Tax	1.23	104.11
Oklahoma Tax		87.00
401K	1.70	3.90
United Way	5.00	140.00

Gross	08.70	85.00	7,180.20	*Deductions	13.20
				*Net	71.80
Federal Gross Wage			7,095.20		
Less Tax Excludable Total			2.20		
Federal Taxable Wages			7,093.00		
Beg. Year Vacation Balance	0.00	Sick Earned	0.00		
Vacation Taken	0.00	Sick Taken	0.00		
Vacation Available	0.00	Sick Available	0.00		
Pt. Bonus Hours Accrued	335.39	Dollars Accrued	359.77		

QuikTrip Corporation

QuikTrip Corporation

Bank Name and Number are no longer shown. Please verify your account number is correct.

Account Number	Net Deposit
XXXXXXXX5646	71.80

TO 1096
THE KIMBERLY B ADAMO

EARNINGS STATEMENT